

# INSTRUCTIONS

## Application for a Family Child Care Home I License

### PROGRAM INFORMATION

1. **Type of License:** Indicate whether you are applying for a Provisional License (first year of licensure) or are applying for a Non-Expiring Operating License (you must have first completed one year under a provisional license).
2. **Name of Family Child Care Program:** The name of your program which will appear on your license.
3. **Physical Address of Family Child Care Program:** The physical address must be your residence.
4. **Phone/Fax Number:** The phone number with the area code for the family child care program. You are required to have an operating phone on the premises. A cell phone is acceptable. A fax number is requested, if available.
5. **Email Address:** The email address of the family child care, where correspondence from the Department of Health and Human Services can be sent.
6. **Name of Primary Provider:** The name of the individual who will responsible for the day to day operation of the Family Child Care Home I program including compliance with all regulations.
7. **Requested License Capacity:** Refer to the Family Child Care Home I Regulations to determine the capacity of your program. The capacity you request may not be approved by DHHS and/or the Fire Marshal. The number of children in care cannot exceed the licensed capacity at any time.
8. **Age Range of Children to be Served by Program:** Refer to the Family Child Care Home I Regulations to determine what age range of children you may serve (The most common range is 6 weeks to 13 years).
9. **Hours of Operation:** The hours that child care will be provided. Any hours between 9:00 pm and 6:00 am are considered overnight care. Please refer to Family Child Care Home I Regulations regarding overnight care.
10. **Days of Operation:** Check each day of the week you will be operating your program.
11. **Preferred Mailing Address:** The address where all mail from the Department of Health and Human Services should be sent. Include Street, P.O. Box (if applicable), city, state, & zip code.
12. **Child Care Subsidy:** Indicate whether you: Accept child care subsidy; Currently do not accept subsidy, but willing to in the future; or Do not accept subsidy.
13. You must provide the required information for ALL persons residing in the household. **NOTE:** Applicant must submit zoning approval from relevant jurisdiction, to the Department of Health and Human Services to meet licensing requirements--- Refer to document "Additional Documentation Required."
14. You must provide the required information for ALL persons who are designated as staff, substitutes, volunteers, including YOURSELF.

*Instructions continue on next page→→→→→*

## OWNERSHIP INFORMATION AND REQUIREMENTS

1. **Business Ownership:** Check the appropriate box.
2. **Business Ownership Name:** Enter the information listed below, associated with the box checked in number 1.
  - **Individual(s)**, enter your legal name(s): Last, First, Middle Initial
  - **Partnership**, enter ALL partners legal names: Last, First, Middle Initial
  - **Limited Liability Company (LLC)**, enter the legal name of the LLC.
  - **Corporation**, enter the legal name of the corporation
3. **Authorized Agent(s):** The full legal name and title of person(s) designated by the Business Ownership to sign Amendment Applications and other Licensing Documents.
4. **Federal Identification Number:** If no Federal ID Number, indicate “none.” The number will not be used without consent except as required by law.
5. **Secretary of State Number:** If you are a **Limited Liability Company or Corporation**, you must apply to the Nebraska Secretary of State for this number.
6. **Mailing Address IF different than in #11 on Page 1:** Indicate the mailing address if it is different than in #11 on Page 1. When both addresses are the same, indicate “same.”
7. **Preferred Phone Number if different than in #4 on Page 1:** Enter the phone number if different than in #4 on Page 1. When both phone numbers are the same, indicate “same.”
8. **Preferred Email Address if different than in #5 on Page 1:** Enter the email address if different than in #5 on Page 1. When both email addresses are the same, indicate “same.”
9. **Has any entity identified as a Business Owner, or a member of an LLC or Corporation, listed in Item #2 on Page 2, ever applied for and received a child care/preschool license in Nebraska?:** Individual Owner(s), Partners, members of Limited Liability Companies and members of Corporations must report any previous child care/preschool license history. This information is subject to verification.
10. **If the Program is owned by an Individual Owner or Partnership Owner each owner must complete the following:** Each individual or partner must complete the **LEGAL ATTESTATION** on Page 3 of this application to comply with Nebraska Revised Statutes 4-808 to 4-414 attesting to his/her lawful presence in the United States. If more space is required to list Individuals/Partners, please add additional pages.  
**IF Program is owned by a Limited Liability Company or Corporation, continue to Certification and Signature of Owner Section on Page 4:** Read and complete the “Certification and Signature of Owners” Section.

## CERTIFICATIONS AND SIGNATURES OF OWNERS

Please read this section carefully before signing to ensure it is signed by ALL required parties. Signing this application verifies that information provided is true and correct.

## SUBMITTING APPLICATION, DOCUMENTATION, & FEES

**OPTION 1: EMAIL:** The completed application and the required additional documentation ONLY may be submitted to the Department by scanning and emailing those documents to [DHHS.ChildCareLicensing@nebraska.gov](mailto:DHHS.ChildCareLicensing@nebraska.gov).

The required fee must be mailed separately via U.S. Mail, along with a copy of the front page of the application to the appropriate address listed below in Option 2.

**OPTION 2: U.S. Mail:** The completed application, required additional documentation and fee may be mailed to:

**Cass, Douglas, Sarpy & Washington Counties:**  
DHHS/Division of Public Health  
Office of Children’s Services Licensing  
1313 Farnam Street, 3<sup>rd</sup> Floor  
Omaha, NE 68102

**ALL Other Nebraska Counties:**  
DHHS/Division of Public Health  
Office of Children’s Services Licensing  
P.O. Box 94986  
Lincoln, NE 68509-4986

FOR OFFICE USE ONLY  
Check/Money Order  
# \_\_\_\_\_

# APPLICATION FAMILY CHILD CARE HOME I

PLEASE READ CAREFULLY, TYPE OR PRINT LEGIBLY

## PROGRAM INFORMATION

1. Type of License: (Check one) ☐ Provisional ☐ Operating - Current License Number: \_\_\_\_\_
2. Name of Family Child Care Program: \_\_\_\_\_
3. Physical Address of Family Child Care Program \_\_\_\_\_  
(Street, City, Zip Code) County: \_\_\_\_\_
4. Phone/Fax Number, including area code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
5. Email Address: \_\_\_\_\_
6. Name of Primary Provider: \_\_\_\_\_
7. Requested License Capacity: \_\_\_\_\_
8. Age Range of Children to be Served: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
Circle one (weeks, months, years) Circle one ( months, years)
9. Hours of Operation: (Specify a.m. or p.m.) FROM: \_\_\_\_\_ TO: \_\_\_\_\_ OR ☐ 24 Hour Care
10. Days of Operation: (Check all that apply): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday
11. Preferred Mailing Address: \_\_\_\_\_  
(P.O. Box, Street, City, State, Zip Code)
12. Child Care Subsidy (choose one): ☐ Accept subsidy.  
☐ Currently do not accept subsidy, but willing to in the future.  
☐ Do not accept subsidy.
13. Provide the following information for ALL persons residing at the Family Child Care Home I address INCLUDING yourself, spouse, significant other, children, grandchildren, any other person.

LEGAL NAME (Last, First, Middle Initial)	OTHER NAMES USED (maiden, alias, nickname )	SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/YY)	RELATIONSHIP TO APPLICANT (i.e., son, daughter)

14. Provide the following information for ALL persons who are designated as staff, substitutes, volunteers , including YOURSELF:

LEGAL NAME <i>(Last, First, Middle Initial)</i>	OTHER NAMES USED <i>(maiden, alias, nickname)</i>	SOCIAL SECURITY NUMBER	BIRTH DATE <i>(MM/DD/YY)</i>	POSITION <i>(i.e., staff)</i>	PTE FTE	WORK SCHEDULE <i>(hours/days)</i>

## OWNERSHIP INFORMATION AND REQUIREMENTS

- [illegible]

## LEGAL ATTESTATION

***THIS PAGE TO BE COMPLETED ONLY IF THE PROGRAM IS OWNED BY AN INDIVIDUAL OR PARTNERSHIP***

### **INDIVIDUAL OWNER/PARTNER #1**

Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check one: ☐ a. I am a citizen of the United States; **OR**  
☐ b. I am qualified alien under the Federal Immigration and Nationality Act. My  
Immigrant status and alien number is: \_\_\_\_\_

If you checked box b above you must check the box of the document you are providing to verify your lawful presence in the United States:

- ☐ An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")  
☐ An unexpired foreign passport with an unexpired Temporary I-551 Stamp bearing the same name as the passport  
☐ A document showing an Alien Registration Number (A#)  
☐ A form I-94 (Arrival-Departure Record)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **INDIVIDUAL OWNER/PARTNER #2**

Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check one: ☐ a. I am a citizen of the United States; **OR**  
☐ b. I am qualified alien under the Federal Immigration and Nationality Act. My  
Immigrant status and alien number is: \_\_\_\_\_

If you checked box b above you must check the box of the document you are providing to verify your lawful presence in the United States:

- ☐ An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")  
☐ An unexpired foreign passport with an unexpired Temporary I-551 Stamp bearing the same name as the passport  
☐ A document showing an Alien Registration Number (A#)  
☐ A form I-94 (Arrival-Departure Record)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **INDIVIDUAL OWNER/PARTNER #3**

Legal Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Check one: ☐ a. I am a citizen of the United States; **OR**  
☐ b. I am qualified alien under the Federal Immigration and Nationality Act. My  
Immigrant status and alien number is: \_\_\_\_\_

If you checked box b above you must check the box of the document you are providing to verify your lawful presence in the United States:

- ☐ An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card")  
☐ An unexpired foreign passport with an unexpired Temporary I-551 Stamp bearing the same name as the passport  
☐ A document showing an Alien Registration Number (A#)  
☐ A form I-94 (Arrival-Departure Record)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CERTIFICATION AND SIGNATURES OF OWNERS

A list of complete names and addresses of all persons in control of the Family Child Care Home I program must be included on the application. This list must include all individual owners, partners, limited liability company members, parent companies, if any, and members of boards of directors owning or managing the corporations and any other persons with financial interests or investments in the Family Child Care Home I program. In the case of publicly held corporations, the individual owners listed must include any stockholders who own 5% or more of the company's stock.

All Applications must be signed by:

- The owner, when the applicant is an **Individual Owner**;
- All owners, when the applicants are a **Partnership**;
- Two members, when the applicant is a **Limited Liability Company**(One signature will be accepted if the LLC is a one member company.)
- Two officers that have authority to bind the **Corporation** to the terms of the application, when the applicant is a corporation. However, one signature will be accepted if the articles of incorporation are submitted with the application.

I/We have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services- Division of Public Health-Licensure Unit-Office of Children's Services Licensing and will comply should a license be issued. I/We have fully disclosed all owners of the program regardless of whether an owner participates in the operation of the program. I/We certify to the best of my/our knowledge that the information provided on this application is true and correct.

_____ Print Name and Title	_____ Signature	_____ Date
_____ Print Name and Title	_____ Signature	_____ Date
_____ Print Name and Title	_____ Signature	_____ Date

# REQUIRED ADDITIONAL DOCUMENTATION

## Applications for a Family Child Care Home I License

**Provisional Application:** *The following additional documents and forms must be submitted with your provisional application:*

1. A "Consent and Authorization for Release of Information" must be included for:
  - Applicant(s) (see page 4 of the Application for definition of applicant)
  - Staff age 16 and older
  - Substitutes age 16 and older
  - Volunteers age 13 and older
  - Household members age 13 and older
2. Documentation of criminal history record checks for the following individuals age 19 and older (See 391 NAC 1-006.02A):
  - Applicant
  - Staff
  - Substitutes
  - Volunteers
  - Household members
3. A Report of Law Enforcement Contact for the following individuals age 19 and older (See 391 NAC 1-006.02C):
  - Applicant
  - Staff
  - Substitutes
  - Volunteers
  - Household members
4. A Health Information Report for the following individuals (See 391 NAC 1-006.02F):
  - Applicant
5. Photocopies of the front and back of CPR and First Aid Certification Cards/Certificates (See 391 NAC 1-006.04F)
6. Photocopy of the Certificate received for completion of Pre-Service Orientation Training by the Department
7. A sketch, diagram, or blueprint of the facility showing the dimensions, arrangement of rooms to be used by children and outdoor play area.
8. Photocopy of two documents that will verify applicant resides at the address where child care will be provided (address given on the application. For example: Utility bill in name of applicant, lease/rental agreement, valid Nebraska vehicle registration, voter registration card, real estate tax statement.
9. Copy of city/zoning approval from the relevant jurisdiction.
10. Proof of Liability Insurance. \*\*\*
11. The required Licensing Fee (See 391 NAC 1-004.06).

\*\*\*Proof of Liability Insurance MUST be submitted prior to a license being issued if not submitted with your application.

**Operating Application:** *The following additional documents and forms must be submitted with your operating application:*

1. A Report of Law Enforcement Contact for the following individuals (See 391 NAC 1-006.02C):
  - Applicant
  - Staff
  - Substitutes
  - Volunteers age 19 and older
  - Household members age 19 and older
2. Proof of Liability Insurance.
3. The required Licensing Fee (See 391 1-004.06).